S125. THE DYNAMIC RELATIONSHIP BETWEEN INSIGHT AND SUICIDAL BEHAVIOUR IN FIRST EPISODE PSYCHOSIS PATIENTS OVER 3-YEAR FOLLOW-UP

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Background: Studies have established the high risk of suicide in first episode psychosis (FEP). Between 15%-26% of FEP patients attempt suicide at least once before their first contact with psychiatric services and 2–5% die from suicide. Also, many patients with schizophrenia spectrum disorders lack insight into having a mental disorder. However, the relationship between insight changes and suicidal behaviour in FEP remains poorly understood.

Methods: Information about suicidal behaviour was available on a cohort of 397 FEP patients. Three dimensions of insight (into mental illness, the need for treatment, and the social consequences) were measured at: baseline, 1 and 3 years after the initiation of treatment. Survival analyses examined time to suicidal behavior in relation to i) insight at baseline, ii) the closest insight measure to the suicide attempt, and iii) changes in insight during the follow-up.

Results: No associations were found between baseline insight dimensions and time to suicidal behaviour. However, poor insight at the evaluation closest to the suicide attempt was associated with an increased risk of suicide. Stability of insight did not affect the risk of suicidal behaviour, while changes in either direction were linked with an increased risk of suicidal behaviour, particularly worsening insight.

Discussion: Insight in psychosis is a dynamic concept and we demonstrated the relationship between insight and suicide risk to be equally dynamic. Poor insight seems to increase the risk, especially when insight levels change. Repeated insight assessment to detect change from early psychosis may play a role in suicide prevention.

S126. GOOD OUTCOME IN INDIVIDUALS AT ULTRA-HIGH RISK (UHR) OF DEVELOPING PSYCHOSIS: A DELPHI STUDY

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Background: Long-term outcomes for individuals at risk of developing psychosis are heterogeneous; some develop a psychotic disorder, others continue to experience attenuated psychotic symptoms (APS) and some experience clinical remission and functional recovery. Existing UHR literature is primarily vulnerability- and disease-focused. In recent years, there has been a gradual shift in research to focus on more favourable outcomes, yet despite positive findings, very few UHR studies have directly investigated or even reported good outcomes in this population. Perhaps one major obstacle for this research is the lack of a sound definition of what constitutes a ‘good’ outcome for UHR individuals. The current study uses the Delphi method to systematically reach a consensus definition, amongst UHR clinical and research experts, of good outcome in this clinical population. To our knowledge, this is the first UHR-focused study to utilize the Delphi method.

Methods: A three-round online Delphi study was conducted and n=135 UHR-expert clinicians and researchers drawn from multiple continents were invited to take part. In Round 1, participants were asked to: i) select from a list of items those which they considered most important to the definition of good outcome in UHR and ii) make suggestions on ways in which good outcome could be determined in a standardised way. In Round 2, participants were asked to rate the importance of each item to good outcome in UHR individuals, on a 5-point Likert scale. According to the proportion of participants who rated the items as ‘essential’ or ‘important’, items were: i) accepted as part of the consensus and included as a standard if rated by ≥80% or more of the group, ii) re-introduced in the third round and participants were given the opportunity to re-rate them if rated by between 50–79% of the group or iii) excluded if rated by less than 50% of participants.

Results: Forty-six (34.1%) participants responded to the first round of the Delphi process, 39 (84.7% retention rate) responded to Round 2, and 30 (76.9% retention rate) to Round 3. Of the 46 UHR-experts, 20 were psychiatrists, 17 were psychologists, 8 were researchers/faculty and 1 was a social worker. Fifteen items were endorsed by ≥80% of the expert-participants as ‘essential’ or ‘important’ for defining UHR-specific good outcome at one-year follow-up. Items fell into one of the following categories: functioning, symptoms, other clinically relevant factors or personal wellbeing. ‘Daily functional capacity’ and and ‘self-reported improvement in mental health’ were rated as ‘essential’ to defining good outcome for an UHR individual at one-year, by 100% of the Delphi sample. A reduction in the distress associated with APS was deemed ‘important’ by 92.1% of the sample, more so than the complete remission of APS. Many similar items were rated with the same level of endorsement for the question on outcome at five-year follow-up. Twenty-one protective factors reached ≥80% endorsement for being essential or important for good outcome in UHR individuals and fell into at least one of the following categories: community support; mental health services support; cognitive factors; personal wellbeing; social network/support; substance use/abuse; daily living factors; and premorbid factors.

Discussion: This three-phase Delphi study achieved consensus on the core features of good outcome at one-year and five-years in the UHR population. The items that form this definition could be used in future research and clinically, to evaluate treatment and outcome of UHR individuals. They can also be of value to the development of intervention frameworks. Further studies involving other stakeholder groups, particularly individuals considered to be at risk of developing psychosis, are needed.

S127. “HOW COULD THIS HAPPEN?”: PSYCHOSIS OR DEPRESSION AS A FACTOR IN DEATH BY SUICIDE

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Background: Numerous factors play a role in the path of self-destruction that ends in suicide. The risk of suicidal behavior is increased when a depressed patient is also struggling with psychotic symptoms. Likewise, among adults with a psychotic disorder, suicide risk is related to depression, hopelessness, low self-esteem, social isolation and stressful life events. The present study was designed to examine the differential impact of major depression versus psychotic thinking on suicide risk in adults.

Methods: Subjects: The present study evaluated 104 adults who had died by suicide. Among these suicidal adults, 81 met diagnostic criteria for a Major Depressive Disorders.